

These are but a few glimpses of a swiftly moving procession of events, each of which we believe has had its effect in bringing about the great increase noted in public interest and information, and in creating the present favorable outlook for further progress during 1937. Many other factors were involved. A particularly fortunate set of circumstances combined to open the way for these activities, and behind these were years of hard work by all concerned with family health and welfare to bring about just such circumstances, and direction and purpose and planning which enable the wise use of the fortunate situation when it finally occurred. To the leaders and workers who have for long devoted their thought and labor to attack on the barriers of silence and ignorance which, we may hope, are now definitely beginning to break down, belong the praise and the credit and the gratitude of posterity. And in the exultation of the moment over the possibility of actually conquering syphilis at last, it is not forgotten that other phases of the social hygiene program—among them education for marriage and parenthood, the repression of prostitution, and the prevention of sex delinquency—have played and must continue to play, an important part in the programs and benefits of the future.

As the agency serving as a national clearing house, the Association and its staff as workers in the ranks, take pleasure in presenting this brief review, and in behalf of the social hygiene societies and the communities for which they labor, we thank all who have helped in any way in the year's progress, and bespeak their coöperation in the days to come.\*

### "AMATEUR" AND BRANCH NIGHT

#### Los Angeles County Medical Association Institutes Unique Entertainment Feature

Standing room only! Everybody was out to see colleagues "do their stuff."

Amateur and Branch Night at the Los Angeles County Medical Association on Thursday evening, March 4, packed the Lounge.

This unique evening of entertainment, which brought many members of the branches and their families to the Association, began with a dinner in the Association headquarters, at which there were 160 guests.

Following the dinner the president, Dr. John P. Nuttall, introduced the master of ceremonies for the evening, Dr. D. G. Tollefson. Much credit goes to Doctor Tollefson and his physician associates who took part in the program, and who were responsible for making the evening a great success.

Doctor Tollefson, as a preliminary and unannounced skit, called upon the secretaries of the branches to answer certain questions relative to those parts of Los Angeles County in which their respective branches functioned. Some of these were pertinent and humorous questions. The secretaries, however, faced the ordeal without flinching, and some came through victorious. The "talent display" from the various geographical branches was then brought forward.

First was the presentation of the Alhambra branch: Doctor Eugene S. Maxson's rendition of two poems by Kipling—"Gunga Din" and "Boots"—winning much applause.

Dr. Marvel Beem of Santa Monica—Doctor Beem, by the way, has a splendid voice—opened the program for the Santa Monica branch with songs of the type that Lawrence Tibbett likes to sing. Dr. R. J. Morrison's impersonation of Harry Lauder—costume, coughs, cane and all—was fine entertainment. Dr. John Bergmann, the accompanist, completed the Santa Monica act.

The Pasadena branch for years has been hiding the ability of its professional men in ballet technique. Ballet costumes are intriguing on the male form. They created a picture filled with movement and of beauty that certainly never could have been imagined by anyone who was not fortunate enough to see it. So graceful was their interpretation of a difficult Russian dance that they were

presented with a gorgeous vegetable bouquet, which expressed the appreciation of some of their admirers. Doctors Robert K. Gustafson, Lyle G. Craig, Ralph E. Netzeley, and Russell M. Decker made up the ballet, the accompanist being Doctor Decker.

Because Amateur Night happened to fall upon the same night as the Speakers' Bureau, the Master of Ceremonies called for remarks from the Speakers' Bureau, pertinent to the work of that Bureau.

Dr. H. O. Bames, scheduled for a talk at the Speakers' Bureau meeting, must be given credit for arising to a very difficult situation when he was called upon by the Master of Ceremonies to give his talk. Doctor Bames in doing this set an example for all who aspire to address public gatherings. To be a good speaker, one must be prepared, of course, at all times, to get on one's feet, and even when the spirit that surrounds one is of levity, to be able to command attention—this Doctor Bames did.

Doctors George B. Kryder, S. H. Welch, F. E. Poole, Fred W. Loring, Orrie Ghrist, and William M. Gibbs made up the Glendale troupe, announced as the "Choral Society of Glendale," otherwise known as the "Disturb-ers." To describe this act one has to use the term "burlesque." The theme of the show was a sponsored radio broadcast.

Dr. Clinton D. Hubbard of Huntington Park mystified the audience by pulling white rabbits out of hats, and other feats of magic. Much applause greeted this presentation of the southeast branch.

From Pomona came a male quartet: Doctors H. C. Anderson, C. A. Arneson, C. W. White, M. R. Jones, and Elwin Welch, in blackface. Good voices all and fine entertainment.

Long Beach, one of the largest branches, depended upon only two of its members to uphold the honors of that branch. But the Branch had reason for its confidence in these two doctors—Raymond Swinney and R. T. Uhls. The act opened with the singing of "Frankie and Johnny," with guitar accompaniment by Doctor Uhls. The setting was of an older time in a small town in Iowa and a medicine show. Doctor Swinney, as Dr. I. Curem, gave a most realistic portrayal of the old-time Medicine Man exhorting "Bray-zilian Oil" and cure-alls of various types for the cure of man and beasts. Yes, this was an act.

Nearly four hundred members attended the show. It was one of the biggest gatherings at the Association since the opening of the headquarters building several years ago.

### EXPERT WITNESSES\*

By EDWARD C. KRAUSS

The old controversy about expert witnesses has been revived by the publication, CALIFORNIA AND WESTERN MEDICINE, with a brand-new suggestion—that members of the medical profession refuse to testify as experts unless appointed by the Court.

California law provides for the appointment of experts by the Court for both civil and criminal cases, but also permits the testimony of experts hired by either or both sides. The courts have frequently used the power to appoint experts in criminal cases, but they rarely appear in civil cases; with the result that personal injury suits, in particular, seem to be battles between groups of experts open to the suspicion of being partisans of either plaintiff or defendant.

No self-respecting medical man wants to be put in this position, say Doctors H. D. Barnard and George E. Tucker in the publication referred to, but there is no agreement as to how the situation can be avoided. The suggestion that they decline to appear except when appointed by the Court is made by Dr. Andrew S. Lobingier, who originally suggested the present California statute permitting court appointment.

The law provides all that is needed, in the opinion of Doctor Lobingier; what is at fault is the apathy of judges in exercising their privilege. But if the judges will not act, the medical men can, since there is no compulsion upon experts to give testimony. A witness may be re-

\* From the American Social Hygiene Association.

\* Editorial, Los Angeles Times, March 3, 1937.

quired to testify as to facts, but expert witnesses give opinions, not facts.

The belief that in many cases expert testimony is a purchasable commodity, is possibly only too well grounded, and the California statute providing for naming of disinterested experts by the trial court, plus Doctor Lobingier's suggestion, seems to offer a practicable way out.

If the medical profession adopts this suggestion, it will lead the way in a general housecleaning of the expert-witness field. It is a place in which reform is unquestionably needed.

## SYNOPSIS OF MALPRACTICE

By WILLIAM M. RAINS, LL.B.\*  
Los Angeles

(With apologies to H. L. Tidy, M.D., and his celebrated "Synopsis of Medicine.")

(*Tic doulouerror*) (*Bury-Bury*) (*Mistake*)

### MALPRACTICE

An acute infectious disease transmissible mainly to physicians and surgeons, only by the excreta of former patients, characterized by severe pain and prolonged sequelae. Rarely fatal.

**Etiology.**—Virus unknown, principally affects busy doctors; ultra-careful and conservative practitioners not immune. Endemic throughout North America, particularly United States of America. Degree of infectivity high when exposed to carriers of bacillus avaritia.

**Symptoms.**—(a) Incubation period: One year from exposure, sometimes called "Statute of Limitations."

(b) Premonitory period: Usually two to eleven months, crystallized by sudden chill upon contact with patient, ordinarily in connection with latter's simulated bill-uselessness.

(c) Clinical period and eruption: Generally during last days of incubation period coincident with premature, too radical treatment of patient's neglect to pay bill.

**Characteristics of Clinical Stage.**—(a) Eruptions, asymmetrical and varicolored, but always identifiable by court summons and complaint and invariably accompanied by a pimply rash in the form of a process server.

(b) Excruciating hyperesthesia in the region of the gluteus maximus, and splenius colli. Also frequently red spots before the eyes, and set teeth on edge.

**Chronic Stage.**—May continue six months to five years. A pyrexia syndrome occurs during this stage if the disease is at all activated, the culmination of the febrile parabola always manifesting itself in direct relation to the time of appearance of the "victim" in a court proceeding.

**Course and Prognosis.**—If early treatment can be obtained, the uncomplicated disease usually smothers in its own excreta. The prognosis is markedly good if there has been a generally effective starvation of the "bacillus avaritia."

**Prophylaxis.**—(1) Do not (unless necessary) sue for fees until one year has elapsed from the date of last treatment. Patients ordinarily have only one year within which to sue for malpractice. Doctors have at least two years within which to sue for fees. If patient is a minor, the rule is different; consult counsel.

(2) Pay or no pay, a private physician is equally responsible in law, therefore, insist on coöperation of the patient in all reasonably required respects, such as x-rays and laboratory analyses; otherwise demand acceptance of public facilities and release of responsibility.

(3) Do not criticize the doctor who precedes on a case. The problem may have appeared distinctly or subtly different to him. Remember, if your successor follows this paragraph faithfully, your *sincerest* though perhaps most *futile* efforts will be accounted sympathetically.

(4) Do not experiment on a live patient. Risks likely to be dangerous to a patient provoked by experiment are incompatible with the law. Therefore, to avoid legal responsibility for damage, refrain from doing that which the ordinarily prudent practitioner of average skill would not

do under similar circumstances, and be diligent to do at least those things which a reasonably prudent practitioner would consider indicated under similar circumstances.

If this rule is followed, bad results do not support legal responsibility.

(5) Do not be brutal. "Offensiveness" is *not* the best "defense" to impending trouble with a patient. On the contrary, kindness, solicitude, understanding, and, surprisingly often, consultation will ward off lurking trouble.

**Treatment.**—(a) Aromatic spirits, care, and caution 1 oz. t. i. d., p. c.

(b) Sweet oil of charity q. s. for articulating surfaces with other doctors.

(c) Isolation of case records and x-rays.

(d) Absolute quiet, abstention from further exposure to source of infection or carrier.

(e) When examined in court be frank, modest, sympathetic, professional. Avoid inclinations to rancor or debate. (Let counsel carry latter burdens.)

**Morbid Anatomy.**—Though this disease is only rarely fatal, there is one outstanding histologic sequela, to wit: Proliferation and desquamation of the cortex of the "glans reputation."

Thus, it is well to follow the prophylactic admonitions wherever possible if this unfortunate result is to be avoided to yourself or your fellow practitioner.

## THE PAY-PATIENT PLAN SHOULD NOT BE APPROVED\*

An assembly committee has tabled a bill by Assemblyman S. L. Heisinger of Fresno County, seeking to amend the Political Code to open the doors of county hospitals to "pay" patients on permission of the county supervisors.

That was a good move.

Sacramento County once had such a system. But when the new county charter was adopted it was abolished, because experience had shown it to be limited to individual benefits, but *costly to the taxpayers*.

To get rid of the abuses developed thereunder, the county charter specifically provides:

The Sacramento County Hospital shall be maintained for Sacramento County indigents only.

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On July 1 of this year this system will have been in operation for a period of four years. Suggestions have been made from time to time that it be modified—most of them brought forward by interested office holders—but they have failed to gain any appreciable support from the public.

The reason is obvious.

The people have found the present *modus operandi* satisfactory and at the same time *they have not been called on to contribute large amounts in taxes to pay for medical attention and hospital care for those well able to provide for themselves otherwise*.

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What is the aim and purpose of a county hospital?

It is to see to it that the unfortunate and the needy are not denied medical service; that they shall not die or suffer needlessly because they do not have the means to pay for medical or hospital care.

The people are perfectly willing to supply through taxation sufficient money to support such institutions. But they are not in favor of county hospitals whose doors will be thrown open to those with political influence and pull on the "pay" theory. Experience has shown that such "pay" is more often than not a delusion—a promise seldom expected to be fulfilled.

The Legislature will do well to leave the final decision of the policy in such matters to the counties themselves.

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\*From the Sacramento Bee. An editorial in March 15, 1937, issue.